

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION****PART I: GENERAL INFORMATION**

Requestor's Name and Address:  REHAB 2112 200 WYNNEWOOD VILLAGE DALLAS, TX. 75224	MFDR Tracking #: M4-10-0002-01
Respondent Name and Box #:  DALLAS ISD REP. BOX # 42	

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary taken from the Table of Disputed Services: "Activities of daily living (ADLs) are performed during the patient's lunch break...."

## Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$128.00
3. CMS 1500s
4. EOBs
5. Medical records

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "...the documentation does not indicate the claimant's response, goals or what activities of daily living were successfully completed during the mealtime...."

## Principle Documentation:

1. Response to DWC 60
2. CMS 1500s
3. EOBs
4. Medical records

**PART IV: SUMMARY OF FINDINGS**

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
4-2-09 4-3-09 4-6-09 4-14-09	97546-WH-CA-GP (.5 units/30 minutes)	W1A & W3 W1A & 193 W1A & 193 W1A & 193	1 & 2	\$0.00
Total Due:				\$0.00

## PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.204, titled *Medical Fee Guideline for Workers' Compensation Specific Services* effective for medical services provided on or after March 1, 2008, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason codes W1A” (workers compensation state fee schedule adjustment-reimbursement per Rule 134.203/134.204-prior to March 1, 2008, Rule 134.202), “W3” (additional payment made on appeal/reconsideration), and “193” (original payment decision is being maintained-upon review, it was determined that this claim was processed properly).
2. Within the Requestor’s position summary submitted within this dispute, it is stated that “...the patient’s participation in Activities of Daily Living during their lunch hour, therefore the lunch break is considered part of the work hardening program and that 30 minutes is billable and reimbursable.” A review of the disputed Table identifies that the Requestor is billing for the patient’s 30 minute lunch/break (s). Payment can not be made/recommended for time (s) that the patient was not actively participating in the program; i.e. ‘lunch and breaks’. This deduction is appropriate and this additional payment recommendation will not be made.

## PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section 413.011(a-d), Section 413.031 and Section 413.0311  
28 Texas Administrative Code, Rules 134.1, 134.204  
Texas Government Code, Chapter 2001, Subchapter G

## PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to additional reimbursement for the services involved in this dispute.

### DECISION:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

## PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**